BEST	AVAILABIE COD	9

PATENT APPLICATION FEE DETERMINATION RECOR	PATENT	APPLICATION	FEE DE	TERMINATI	ON RECORI
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Effective October 1, 2000

Application or Docket Number

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		38					RATE FEE		1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	38 minus 20=		. 8			X\$ 9=		OR	X\$18=	324
IND	EPENDENT CL	AIMS		nus 3 = :	. 5			X40=		1	X80=	264
<u></u>		IDENT CLAIM P						X40=		OR	780≈	
					. "O" in a			+135=		OR	+270=	
* If the difference in column 1 is less than zero, e						olumn 2		TOTAL		OR	TOTAL	1034.
	С	LAIMS AS A (Column 1)	MENDED	PAR ' - (Colur)		(Column 3)		SMALL E	ENTITY	QR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· <u>২</u> ৯	Minus	 3	8	=	Ī	X\$ 9=		OR	X\$18=	
AME	Independent	٠ ك	Minus	***	<u> </u>	=		X40=		OP.	X80=	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	organis North and Alberta	OR	+270∈	-
							L	TOTAL		ΔP	TOTAL	-
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 					
							L	+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)	۱ _					
AMENDMENT C		REMAINING AFTER AMENDMENT	, se e	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***]=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							465					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=			
**	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE I	s less tha	n 20, nter "20."	" A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3." Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												